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TESTIMONY IN HOUSE OF REPRESENTATIVES ON SENATE BILL 199

Thank you for giving me this opportunity to provide testimony in support of Senate Bill 199. I have been involved with legislative changes to the Oregon Advance Directive since Senator Prozanski convened a work group back in 2015. The work of that group ultimately resulted in the Advance Directive form that became operative on January 1, 2019.

Now, as chair of the Advance Directive Adoptions Committee, I'm excited to present our work to you. The proposed form represents a significant change from the existing form that has remained substantially the same since 1993, despite dramatic changes in health care during the last 30 years. Other states have already tackled these changes and it was time for Oregon to do so.

The proposed form allows Oregonians greater flexibility in expressing their values and preferences regarding health care. The form takes into account uncertain events and the variability of future options for treatment and care rather than focusing on specific treatments. This form emphasizes outcomes and incorporates the principles of "Goals of Care" conversations. Understanding a patient's care goals in the context of a serious illness allows medical providers to align care provided with what is most important to the patient.

The committee retained three scenarios from the existing form: (1) terminal condition, (2) advanced progressive illness, and (3) permanently unconscious. However, the choice of options has changed: (1) all available treatments, (2) artificial feeding and fluids only, (3) no life-sustaining treatments, and (4) health care representative to decide.

This section is followed by guided prompts to encourage narrative. These sections meet the legislative mandate to provide Oregonians with a means to indicate their values and beliefs, and to express preferences with regard to, for example, location of care. The prompts include:

- What Matters Most to Me and For Me. Sharing information about what matters most to you and under what circumstances you would not want life sustaining procedures near end of life.
- My Spiritual Beliefs.

- Life and Values. Sharing information about your life and values that would help in making decisions about care.
- Preference for Place of Care. If there is a choice, where you would want/not want to receive care.

The Advance Directive form has always allowed Oregonians to supplement the form with additional information. This form provides space and greater encouragement for the principal to list any additional documents that are being attached. Our experiences with Covid-19 have underlined the importance of giving Oregonians a space to provide more information about their goals of care.

Finally, the form allows the principal to list persons with whom the health care representative can share information about health status and care.

As the committee worked through the process of creating this form, members realized that it was essential to make a strong user's guide widely available. This guide will not become a part of the form, but our hope is that it (and the form) will be translated into multiple languages and heavily promoted. The user's guide discusses the purpose of the Advance Directive, the role of the health care representative, the difference between the Advance Directive and the POLST, and other helpful information.

In closing, I express my, and the Committee's, hope that this bill will be passed without delay.

Very truly yours,

Stephanie E. Carter